

Residency Preference for Employment Form

**The District of Columbia Government
Residency Preference for Employment**
(Use in conjunction with the Employment Form)

NOTICE: This form is to be filled out and submitted with each application for a position in the Career Service or an attorney position in the Excepted Service. Preference, if applicable, will not be granted unless this form is completed and received at the time of application.

Name:

Social Security No.:

(Print - Last Name, First Name, Middle Initial)

Position Applied for:

Vacancy Announcement No.:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

I.

I, the undersigned, am currently a District government employee whose service began on or before December 31, 1979 and has been continuous since that date. I understand that I will not be required to submit proof of, establish or maintain residency as a result of receiving preference.

II.

I, the undersigned, am a former employee of the U.S. Deptment of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government, without a break in service, effective October 1, 1987. My service with the District government has been continuous since that date. I understand that I will not be required to submit proof of, establish or maintain residency as a result of receiving preference.

III.

I, the undersigned, am not a bona fide District resident and I understand that I am not entitled to claim a residency preference.

IV.

I, the undersigned, am a bona fide District resident and I do **NOT** claim a residency preference.

V.

I, the undersigned, am a bona fide resident of the District of Columbia and claim a residency preference im applying for the position indicated above. My current address is

I understand that, if selected for this position, I will be required to submit proof of bona fide District residency and to maintain bona fide District residency for a period for five consecutive years from the date of appointment or promotion.